



# Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354

(888) 774-1459 • (404) 675-6072 • [DriverEd@gadmvs.com](mailto:DriverEd@gadmvs.com)

## Physical Examination Certificate

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Name of School (Employed): \_\_\_\_\_ School License Number: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
Zip: \_\_\_\_\_

Applicant cannot be absent of one eye, hand or foot. If any arm or leg is amputated, stiff or paralyzed to the extent it has lost its normal use; a Driver Training Program Instructor License will not be issued.

### Health History

| <u>Yes</u>               | <u>No</u>                |                             | <u>Yes</u>               | <u>No</u>                |   |
|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Head or Spinal Injury       | <input type="checkbox"/> | <input type="checkbox"/> | Communicable Disease                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsions, Fits, Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Any Incurable Disease                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleeping Sickness           | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever Confined as Invalid    | <input type="checkbox"/> | <input type="checkbox"/> | Permanent Defect as Result of Disease or Accident |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease               |                          |                          |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                |                          |                          |   |

Other illness or injuries:

General appearance and development: ☐ Good ☐ Fair ☐ Poor

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Head:

Eyes for Distance (without glasses/contacts): Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_

Eyes for Distance (with glasses/contacts): Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_

Evidence of injury: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Color Vision: \_\_\_\_\_ Horizontal Field: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Ears (Hearing @ 20 ft.): Right: \_\_\_\_\_ Left: \_\_\_\_\_



Thorax:

Heart: \_\_\_\_\_

If Organic disease is present, is it fully compensated? ☐ Yes ☐ No

Blood Pressure (Sitting):      Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

Pulse:    Before Exercise: \_\_\_\_\_ Two Minutes After Exercise: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen:

Scars: \_\_\_\_\_ Abnormal Masses: \_\_\_\_\_ Tenderness: \_\_\_\_\_

Hernia: ☐ Yes ☐ No      If so, where: \_\_\_\_\_

Gastro-Urinary:

Scars: \_\_\_\_\_ Urethral Discharge: \_\_\_\_\_

Extremities:

Upper: \_\_\_\_\_

Lower: \_\_\_\_\_

Spine: \_\_\_\_\_

Laboratory Findings:

Urine:    Spec. Gr.: \_\_\_\_\_ Alb: \_\_\_\_\_ Sugar: \_\_\_\_\_

Drug Screening (Negative or Positive):

Amphetamines: \_\_\_\_\_ Cocaine Metabolites: \_\_\_\_\_ Marijuana Metabolites: \_\_\_\_\_

Opiates: \_\_\_\_\_ Phencyclidine: \_\_\_\_\_

**Copies of all Laboratory Reports Results must be attached**

**Doctor's Certificate:**

This is to certify that I have this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_  
examined \_\_\_\_\_ and that I find his/her physical condition is sufficiently sound to perform  
the duties required by a Driver Education Instructor.

\_\_\_\_\_  
Signature of Examining Doctor

\_\_\_\_\_  
Printed Name of Examining Doctor

\_\_\_\_\_  
Address of Examining Doctor

\_\_\_\_\_  
License Number of Examining Doctor